Medical News

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Joint Commission Board Approves Infection Control Indicators

The Joint Commission's Board of Commissioners formally approved three infection control indicators for inclusion in the Indicator Measurement System (IMSystem) pool, beginning in 1996. An infection control task force of 17 field experts, chaired by Dr. Robert Haley, met last winter to consider the findings from the 2-year beta testing process.

Each of the original eight infection control indicators was rated against criteria for reliability (Did the indicator accurately and consistently identify the event?); validity (Did the indicator raise good questions about the quality of care and identify opportunities for improvement?); relevance (Was the indicator meaningful to hospital staff?); variability (Did the indicator differentiate well among the beta test hospitals?); and data collection effort (availability, accessibility, and time requirements for data collection).

The beta-tested infection control indicators endorsed by the task force include (1) patients undergoing selected surgical procedures complicated by a surgical site infection, (2) ventilated patients who develop pneumonia, and (3) inpatients with a central or umbilical line who develop primary bloodstream infection. Two indicators were designated to the pool of "hospital-only" indicators to be used internally by a hospital: postoperative pneumonia and urinary catheter use/duration (during the perioperative period). Three indicators were deleted: (1) postpartum endometritis following C-section, (2) medical record abstraction of central-line associated bacteremia, and (3) healthcare workers immunized or immune to measles. The 1996 infection control standards will add a standard that calls for including an activity aimed at preventing transmission of epidemiologically significant infections from patients to staff.

FROM: Board approves infection control and medication use indicators. *Joint Commission Perspectives* March/April 1995;15(2):7.

OSHA Plans Meeting for "Stakeholders" to Discuss TB Standard

The Occupational Safety and Health Administration (OSHA) recently announced its intention to hold a meeting for "stakeholders" in the fall of 1995 to discuss the draft proposed TB standard. The stakeholders include over 30 organizations representing workers who will be affected by the standard, including SHEA, Association for Professionals in Infection Control and Epidemiology, American Hospital Association, American Medical Association, American Dental Association, American Nurses Association, American Ambulance Association, National Healthcare for the Homeless, Bureau of Prisons, and Service Employees International Union. One to three meetings are being planned to accommodate three workers or representatives from each organization. OSHA intends to gather advice from those workers that will be affected by the standard. The meeting tentatively is planned for late September or early October 1995.

Nosocomial MRSA Outbreak Linked to Nasal Carriage by Physician

Dr. Robert Sherertz and colleagues recently reported a nosocomial outbreak of methicillin-resistant *Staphylococcus aureus* (MRSA) in a neurosurgical intensive care unit (NICU) associated with a physician who was a nasal carrier. Molecular typing epidemiologically linked the six cases with the physician, who had an upper respiratory infection during the outbreak period and treated himself with antibiotics.

The investigation was begun after routine surveillance of the NICU detected several MRSA pneumonias in a 3-week period. Six patients with nosocomial MRSA were identified: five with pneumonia and one with bacteremia. Cultures for MRSA nasal carriage were obtained from all nurses, physicians, and respiratory therapists working in the NICU. Only one of the 64 NICU staff, a physician, was found to have nasal carriage of MRSA. Molecular typing of the MRSA showed the same strain in the six infected patients and in the physician. Multivariate logistic analysis demonstrated that exposure to the physician was an independent risk for MRSA infection or colonization.

The researchers note that nasal carriage of S *aureus* among hospital personnel has been reported to range from 20% to 90%, and numerous factors, such as viral infection and antibiotic therapy, have been shown to increase the likelihood of nasal colonization.

FROM: Sherertz RJ, Reagan DS, Hampton KD, et al. A nosocomial outbreak of methicillin-resistant *Staphylococcus aureus* associated with nasal carriage by a physician. Presented at the 22nd Annual Meeting of the Association for Professionals in Infection Control and Epidemiology, June 6, 1995, Las Vegas, Nevada.

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